State of South Dakota

RECEIVED

SECRETARY OF STATE

JAN 0 2 2002 Candidate's or Committee's Report of Receipts and Expenditures S.D. SEC. OF STATE

Candidates and candidate committees: File in the office where you filed your nominating petition. PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office, 500 E Capitol Ave, Pierre, SD 57501-5070

| See pages 9 & 10 of the Guideline Book for specific instructions on completing this report. |
|---|
| Name of Candidate or Committee Daniel D Litton - Friends for Satton- |
| Complete Mailing Address Box 100 Flandreau S.D. 57028 Daytime |
| Name of Person Making Report Phone 65997-3328 |
| If you are a candidate, what office are you seeking the enough |
| If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. |
| Type of Report (See pages 4 & 5 of Guideline Book) Post-General |
| For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 2-31-02 |
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| The following verification must be completed before submitting report. |
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| The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT |
| The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT [print name legibly), certify |
| The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT I Daniel D. Salar (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. Date: 23-02 Candidate Signature or |
| The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT I Daniel D. S. Hand (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. Date: 12-23-02 |
| The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT I Don't D. Salar (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. Date: 12-33-02 Candidate Signature or Signature of Committee Treasurer or Chairperson Revised July 2001 Filed this and day of |
| The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT I Done D. S. (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. Date: 23-02 Candidate Signature or Signature of Committee Treasurer or Chairperson Signature of Committee Treasurer or Chairperson |

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| Name of | Candidate or Committee Don | Sutton |
|---------|---------------------------------|--------|
| For the | reporting period ending 12-31-0 | 2 |

Schedule A - Direct Contributions

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

| Itemized Contribut: | ions from Individuals | Place of Employs | nent |
|---------------------|-----------------------------|------------------|----------------------|
| Name | Residence Address | (Name of Employe | |
| Scott Ramsdell | 47899 SN HWY 32 Flooding | w Self | \$ <u>250.00</u> |
| Lani Ramsdell | 47899 SD Hw. 30, Flowbran S | i Self | \$ <u>250.00</u> |
| Bill Dougherty | Box 819, Slow Felk SD | | \$ 250.00 |
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| Name of Candidate or Committee | Don Sutten | |
|---|---|---|
| For the reporting period ending_ | | |
| | ect Contributions (continued) | |
| Unitemized Contributions from Pol | litical Parties: | •\$ <u>Ø</u> |
| Itemized Contributions from Polit | tical Parties | |
| Party Name | Address | |
| | | \$ |
| | | \$ |
| Total of Itemized Contributions | from Political Parties: | *\$ <u>Ø</u> |
| Itemized Contributions from Poli (All contributions from Page Name | tical Action Committees (PAC's) AC's must be itemized.) Address | e : |
| South DoKate MED PAC | 1323 S. Minnesota Ave., Stock Falls, SQ 1005 | \$ <u>300.00</u> |
| outh D. Koto Healthouse Association PAC | 3708 Brooks Place Side L.SF.SD 571060 | \$ 250.∞ |
| 24 Deloto Education Association TAC | Perre SD 57501 | \$ <u>150.00</u> |
| Suth De Kota I-PAC | Pierre SD 57501 | \$ 100.00 |
| South Dilde Retail Liquer Dealers | Box 974 Pierre SD 57501 | \$ 100.00 |
| CONPAC | Box 488 Pierre SD 57501 | \$ 300.00 |
| COTEL PAC | Box 57 Pierre SD 57501 | \$ 100.00 |
| Quest | 125 S. Dakota Ave 8th Flor, SF, SD | \$ 300.00 |
| ACRE | Box 1138 Pierre SD 57501 | \$ 100,00 |
| TOPAPAC | Box 877, Pierre SD 57501 | \$ <u>\$</u> \$\$\document{5}\$\document{5}\$\document{0}\$\document{1}\$ |
| AG PAC | 1108 10. West Aux. SF, SD 57104 | \$ 100.00 |
| BNSF Rail Pac | Box 819, Sioux Fells, SD , S7101 | \$ 100.00 |
| SD Credit Union League | 500 N. Western Ave, S.F.SD 57104 | \$ 200.00 |
| SD Optometric PAC | 265th Str. NE, Watertown, SD 57201 | \$ 100.00 |
| WellPAC | 636 Grand Ave Des Moines, IA 50309 | \$ <u>200.00</u> |
| SD Horrebuilders PAC | 4320 S Arway Dr., SF, SD 57106 | \$ 200.00 |
| Total Itemized Contributions from | om Political Action Committees: | *\$4,175.00 |
| Total of All Direct Contribution | ns (Sum of all lines with an *) | \$ 4,175.00 |

| Name of Candidate or Committee | Dan Sutton | |
|---|---------------------------------------|---------------------------------|
| For the reporting period ending_ | 12-31-02 | |
| Schedule A - Dire | ect Contributions (continued) | , |
| Unitemized Contributions from Po. | litical Parties: | *\$_Ø |
| Itemized Contributions from Poli | tical Parties | |
| Party Name | Address | |
| | | \$ |
| | | \$ |
| Total of Itemized Contributions | from Political Parties: | *\$ <u>Ø</u> |
| Itemized Contributions from Poli (All contributions from P. PAC Name | | |
| SD Retailers Association for Effective | Bry 130 Pierce S.D 57501 | \$ <u>200.00</u> |
| Covernment PAC | | \$ |
| Business : Industry PAC | Box 190, Pierre SD 57501 | \$100.00 |
| SD Chiraproctic PAC | 323 22nd Ave. Brookings SD 57006 | \$ 100.00 |
| Citigroup Tre. PAC | 399 Park Ave New York NY 10043 | \$_100.00 |
| SD Certified Registered Nurse | 4518 River O.Kes Dr. SF, SD. 57105 | \$_50.00 |
| Anosthaliste PAC | | \$ |
| South Dakotons for Progress/SDInnKeeper | 2703 W. 7th Stc. SF. SD 57104 | \$ <u>25.00</u> |
| Association | | \$ |
| Action Committee for Ethanol | P.O. By 84002, SF. SD 57118 | \$ 150.00 |
| S) Healthcare Assosisation | 804 N. Western Ave. SF. SN 57104-2032 | \$_100.00 |
| Eli Lilly and Company | Indianapolis, IN 46285 | \$ 100.00 |
| PFIZER PAC | 235 Cost 42rd Str. New York NY | \$ 100.00 |
| RJR Political Action Committee | 401 N. Man Street Windows Ilon | \$ 150.00 |
| TOTAL TOTAL TOTAL TOTAL TELES | NC 27102 | \$ |
| | 100 | \$ |
| Total Itemized Contributions fro | | *\$ Totaled with other PAC Page |
| local of All Dilect Contribution | 15 | т |

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| Name of Candidate or Committee | n Jutton | |
| For the reporting period ending 2-3 | 31-02 | |
| Schedule B - Fund-R | aising Events Proceed | ls |
| List on this schedule fund-raising events held to raise derived from each event. If a contributor gives more aggregate being more than \$100 in the calendar year, | than \$100 or their contribution | i results in their |
| Type of Event | Net Proceeds | |
| Sutton For Senate Kick-off-Flandreau | \$ 400 | |
| Sutton For Senate Kick-off-Modison | \$ 300 | |
| | | |
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| | 0 | |
| | • | - |
| | To | tal: \$ 100.00 |
| 20 不然为全国国际国际联系发展全国国际国际国际 共享 国际国际国际基础设置 | То | tal: \$_\langle \infty . \infty \ |
| Schedule C - In | Kind Contributions | tal: \$_\(\lambda\).\(\sigma\) |
| Schedule C - In Report all non-cash contributions of goods or services exceeds \$100, the name of the contributor, residence | Kind Contributions s and the estimated fair market | value. If the value |
| Report all non-cash contributions of goods or services | Kind Contributions and the estimated fair market address and place of employm | value. If the value |
| Report all non-cash contributions of goods or services exceeds \$100, the name of the contributor, residence | Kind Contributions and the estimated fair market address and place of employm | value. If the value ent must be reported. |
| Report all non-cash contributions of goods or services exceeds \$100, the name of the contributor, residence | Kind Contributions and the estimated fair market address and place of employm | value. If the value ent must be reported. |
| Report all non-cash contributions of goods or services exceeds \$100, the name of the contributor, residence | Kind Contributions and the estimated fair market address and place of employm | value. If the value ent must be reported. |
| Report all non-cash contributions of goods or services exceeds \$100, the name of the contributor, residence | Kind Contributions and the estimated fair market address and place of employm | value. If the value ent must be reported. |
| Report all non-cash contributions of goods or services exceeds \$100, the name of the contributor, residence | Kind Contributions and the estimated fair market address and place of employm | value. If the value ent must be reported. |
| Report all non-cash contributions of goods or services exceeds \$100, the name of the contributor, residence | Kind Contributions and the estimated fair market address and place of employm | value. If the value ent must be reported. |
| Report all non-cash contributions of goods or services exceeds \$100, the name of the contributor, residence | Kind Contributions and the estimated fair market address and place of employm | value. If the value ent must be reported. |

Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.

Source of Income

Amount

| Name | of | Candidate | or C | Committ | :00 | Dan S | reffer | | | |
|------|-----|-----------|------|---------|-------------|---------|--|----|------|--|
| For | the | reporting | peri | lod end | ling | 12-31-0 |) <u>2 </u> | | | |
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Schedule E - Expenditures

This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting common expenses. All other expenses should be listed. All contributions to candidates and committees must be listed individually.

| Item | Amount | Contributions | Made | to | Candidates | and | Committees: |
|-------------|--------------|---------------|------|----|------------|-----|-------------|
| Advertising | 2,200.00 | | | | | | |
| Consulting | 5∞ | | | | | | |
| Postage | 300.00 | | | | | | |
| Printing | 900.00 | | | | | | |
| Rent | Ø | | | | | | |
| Salaries | Ø | | | | | | |
| Telephone | 650.00 | | | | | | |
| Travel | <u>985.∞</u> | | | | | | |
| Utilities | _Ø | | | | | | |

Other Expenses:

Total Expenditures: \$ 5,535.00

| Name of | Candidate o | or Committee Jon Jutton | _ |
|---------|-------------|-------------------------|---|
| For the | reporting p | period ending 12-31-02 | |

Schedule F - Debts and Obligations

This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation.

Owed To

Purpose

Amount

Total Obligations: \$_____

| Mama | of Candidate or Committee Dam | Sitter | - |
|-----------------|--|---|--------------------|
| | | 21.00 | |
| For | the reporting period ending | 3 FOR | |
| | Summar | y Page | |
| This : Pleas | summary sheet will give a brief outline of all campa e transfer all totals from the schedules previously co | ign finance activity during this rompleted. | eporting period. |
| 1. | Amount on hand, if any, at beginning | g of reporting period | \$ 160.76 |
| 2. | Receipts | | |
| | Schedule A - Direct Contributions | \$ <u>5535.00</u> | |
| | Schedule B - Fund-Raising Events | \$ 700.00 | |
| | Schedule C - In Kind Contributions | \$ <u>Ø</u> | |
| | Schedule D - Other Income | \$ <u>Ø</u> | |
| | Total of all receipts | s(235.00 | , |
| 3. | Total Monetary Receipts (A+B+D) | | \$6,235.00 |
| 4. | Candidate's Personal Contribution t | o Own Campaign | \$ <u>Ø</u> |
| 5. | Monetary Loans to Candidate or Comm | mittee During | \$ |
| 6. | Monetary Loans Repaid During Report | ting Period | \$ <u>Ø</u> |
| 7. | Expenditures - Schedule E | | \$ <u>5,535.00</u> |
| 8. | Unpaid Obligations - Schedule F | \$ Ø | |

\$ 860.76

9. Amount on hand at the close of this reporting period. This should equal lines (1+3+4+5)-(6+7)